FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1 (Cas instructions)													
	(See instructions)						Office use only						
NAME OF COMMITTEE (iii	n full)	(Check if name is changed)		ple: If typyir he lines	ig, type	12F	E4M	5	1				
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COMMITTEE'S E-M	CITY▲						Ε <u></u>		ZIP CODE ▲				
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COMMITTEE'S FAX 318-382-8259	M / D D / Y	Ž 0 Ŏ 8											
3. FEC IDENTIFICATION NUMBER C C00445015													
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)													
I certify that I have exar	mined this Statement and	I to the best of my kno	wledge and	belief it is tr	ue, correct a	and comp	lete						
Type or Print Name of	of Treasurer	John Calvin Flen	ming, III										
Signature of Treasure	er Electronically File	ed by John Calv	vin Flemi	ng, III		Date	0		D 2 B	, Y	Ý 2	0 [°] 0 8	
NOTE: Submission of t	false, erroneous, or incor	nplete information may			· ·		•		of 2 U.S.0). S437			
Office Use Only				For further i Federal Elec Toll Free 800 Local 202-69	tion Commis 0-424-9530		:		FEC (Revise	FORI			

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